

SHAHID HUSSAN SCAFFOLDING IND. LLC

P.O. Box : 79028, Ind. Area 11, Sharjah UAE

Mobile : +971-551144401; +971-503971249

Email : shahid@shahidind.com; Websites : www.shahidind.com



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APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	Telelink Communication Networks & technical Contracting			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	Office : 100, New FGT Show Room-Sakamkam, Fujairah-U.A.E.			
D	Telephone	09-2222865			
E	Fax	09-2229275			
F	Email	Sales@telelinknetworks.com			
G	Year of Establishment	2015			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	1014359	Expiry Date	01-08-2020	
J	Details of Owner / Proprietor / Partners				
	Name			Nationality	
	Mr.Salem Rashid Sultan Mukassah	alsamahi	UAE		
	Mr.Loganathan Boominathan		Indian		
K	Names and Address of Subsidiary / Associate Co.				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
1	Citiplus General Trading - Mr.Najib		052 998 3434	Open Credit	40 Days
2	Data Care LLC - Mr.Rashid		055 949 8346	Open Credit	30 Days
3	Synfra IT & Mobile Solutions		055 812 9602	Open Credit	45 Days
M	Details of Credit requirement				
	Credit Limit AED 25,000.00 for 40 days				
N	Name and Address of Bankers with A/C No.				
	Name & Branch		Account No.		
	Emirates Islamic Bank		3707602905001		
	National Bank of Fujairah		012001372608		
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
	Mr.Loganathan Boominathan	Managing Director			
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	Mr.Sathishkumar	Procurement and Accounts			

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General Terms & Conditions :-

- 1 An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- 2 Purchases will only be delivered against local purchase orders signed by authorized personnel.
- 3 The firm/company will be totally responsible for payments of any materials supplied against LPOs duly signed by authorized personnel unless and otherwise an adequate notice is given to us in writing canceling those signatures.
- 4 All disputes arising in respect of all outstanding over due account shall be finally referred to the Dubai Court for Settlement.
- 5 This Credit Application is to be signed by the owner of the firm. In case it is signed by a person other than the owner / copy of Authority given to the signatory by owner/s to sign such a document is to be attached.

I/We agree to the above condition and declare that all information given in this application are true and correct.



Local Sponsor's Name

Signature..... *B. Lomig*

Telephone No.: *09-2222865*

Mob : *056 9311766*

Documents Required

- 1 Copy of Valid Trade License.
- 2 Copy of Chamber of Commerce / Economic Department Certificate.
- 3 Copy of Sponsor Passport / Identity Card
- 4 Copies of Document showing authorised signatory.
- 5 Guarantee Cheque, undated (amount to be decided at the time of credit approvals).

For office use only

Account No..... Limit (Dhs).....

Product/s..... Time Period.....

Remarks.....

Approved By :-

Sales Manager..... Accounts Manager.....

General Manager..... Managing Director.....